



Pamela Waldeck
Chief of Police

Gardner Police Department
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Phone: 913-856-7312
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Youth Police Academy Application

*Applicant must be between 13 and 17 years old at the beginning of the session.

Name: _____
Last First Middle

Race: _____ **Sex:** _____ **Date of Birth:** _____ / _____ / _____

SSN: _____ - _____ - _____ **DL # (if applicable):** _____ **State:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Email:** _____

School (in the fall): _____ **Grade:** _____

Parent/Guardian: _____

Phone: (____) _____ - _____ **Email:** _____

Parent/Guardian: _____

Phone: (____) _____ - _____ **Email:** _____

Shirt Size (Adult sizes): _____

Dietary Restrictions: _____

Activity Restrictions / Medications: **Yes** **No**

If yes, Staff will communicate with parent/guardian before the beginning of the academy to make sure those accommodations are met.

I hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with the Gardner, Kansas Police Department (GPD), Youth Police Academy, and the City of Gardner, Kansas while my child attends The GPD Youth Police Academy for any and all injuries suffered by him/her at said Academy. I attest and verify that my child is physically fit and able to attend the GPD Youth Academy.

Parent/Guardian Signature: _____ **Date:** _____